

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Amy Acton
2703 Rochester Rd.
Shaker Heights, OH
44122-2166



9590 9402 4800 8344 3223 50

Case 20-cv-01948

2. Article Number (Transfer from service label)

7018 1830 0002 1852 5577

A. Signature

X *AA*

☒ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

10/26/20

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

20cv1948

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

USPS TRACKING#



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 4800 8344 3223 50

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box •

Clerk's Office
114 US Courthouse
1716 Spielbusch Ave.
Toledo, OH 43604

FILED

OCT 29 2020

CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF OHIO
TOLEDO

